

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	10/25/00
FORMALITY REVIEW	M.H.	025	11-24-00

Response

Request

925

04-24-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
11	2 11 09
12	17 27 03
13	01 02 03
14	N N
15	N N
16	N N
17	N N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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